



## **IRO REVIEWER REPORT – WC**

**DATE OF REVIEW:** 05/12/15

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Fluoxetine HCl Capsules 20mg x 30 days; 2 tables in the morning, 1 at noon.

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Physical Medicine and Rehabilitation, Pain Medicine

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:**

- Fluoxetine HCl Capsules 20mg x 30 days; 2 tables in the morning, 1 at noon - Overturned

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient reported a work injury that occurred on xx/xx/xx. He was cutting open a bucket with a razor knife and it slipped, cutting his left arm. Injury included cutting of the median nerve and multiple tendons. He underwent years of treatment which included surgery, injections, medication pain management, etc. Current diagnosis is chronic regional pain syndrome (or RSD). Provider has requested preauthorization for Fluoxetine HCl 20 mg x 30 days to treat the effects of the compensable injury.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Per ODG, Fluoxetine (Prozac) is not recommended for treatment of chronic pain but is considered reasonable and necessary for the treatment of secondary depression. Review of the medical records provided by , the treating physician with , indicates the patient does suffer from a situational depression related to the chronic reflux sympathetic dystrophy sustained as a result of his work injury. As such, the Fluoxetine HCl 20 mg x 30 days, 2 tables in the morning, 1 at noon, does appear to be medically reasonable and necessary in accordance with the ODG for treatment of this work injury.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☒ ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES